Starting an Early Psychosis Treatment Program in the US: Catching up with the rest of the world?

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All this in 15 minutes?!

I. Background and Rationale for Early Intervention in Psychosis: Why bother?

II. Barriers to implementation in the US

III. Design of the STEP clinic

IV. The STEP experience: What we have learned so far

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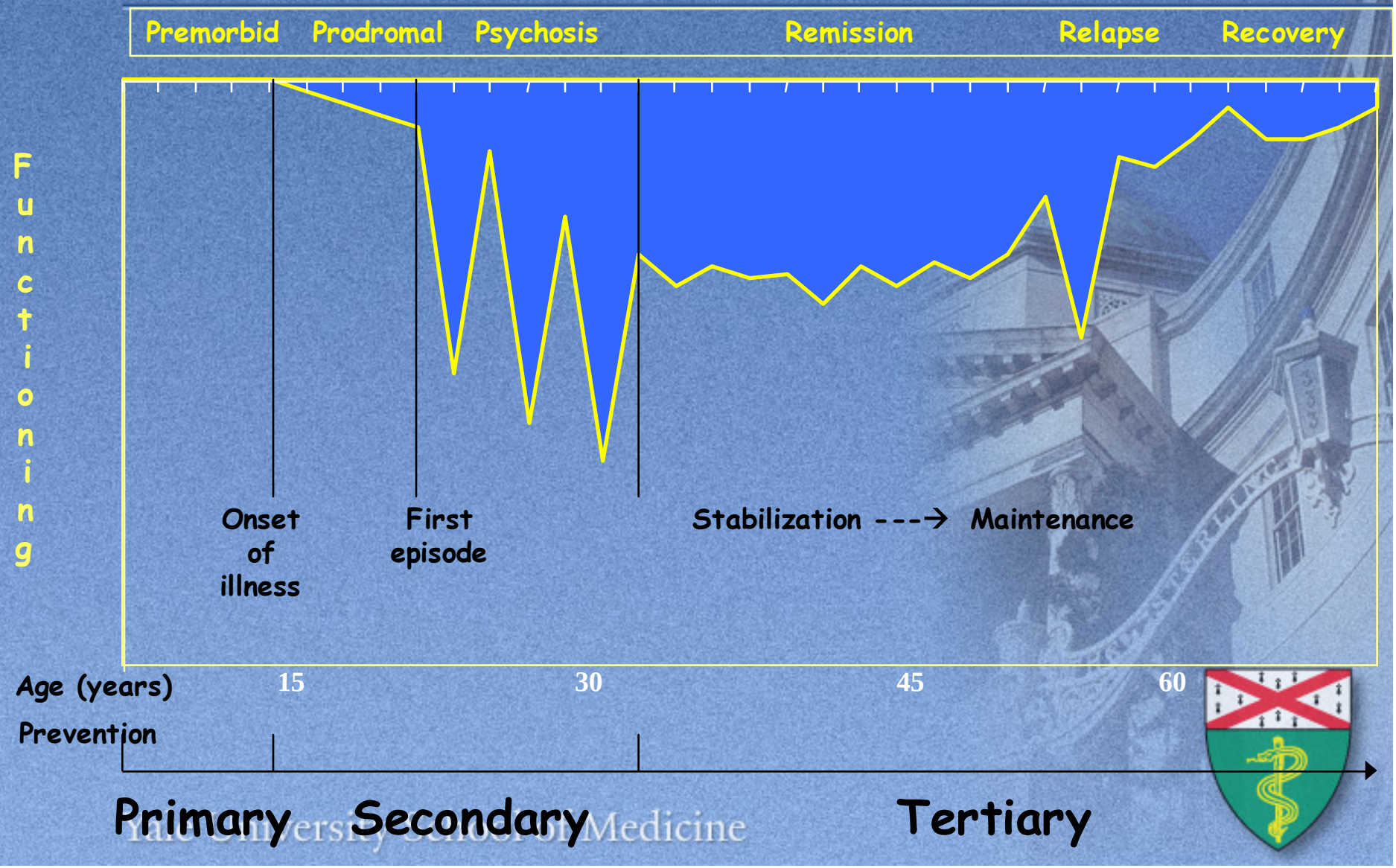
Stages of Schizophrenia



Early Intervention: Why bother?

- Systematic Review of Prospective Studies of First Episode Psychosis (Menezes et al., 2006)
- Relapse rates
  - 38% < 2 year
  - 76% > 5 years of follow -up
- Functional outcomes

  -employment or educational enrollment at 5 years ~30%

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Early Intervention: Why bother?
The 'Critical Period'

1. Majority clinical & social deterioration occurs first 5 years (Liberman et al., 2001) Symptom duration first 2 years strongest predictor of outcome (Harrison et al, 2001)
2. Duration of UnTx Psychosis (DUP) consistent link to poor outcomes (Marshall et al., 2005)
3. Reducing DUP = less symptomatic clinical presentations w/improved clinical outcomes, including suicidality (Melle I et al., 2004, 2006)

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What is 'Early Intervention?'

A. care earlier after psychosis onset
B. 'phase-specific' treatment

<u>Phase-specific treatments</u>

-Low dose atypical antipsychotic medication
-CBT
-Family Psychoeducation
-Social Skills Training

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Does EI work?

- Multiple observational studies
- Two large randomized controlled trials with favorable outcomes:

  - relapse, **re-admission**, medication adherence and suicidal ideation

  - social and vocational functioning, treatment satisfaction and quality of life

(Petersen et al., 2005 & Garety et al., 2006)

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Summary

- Early intervention is a humane, evidence-based practice based on a large and growing international database
- Early intervention has been shown to reduce costs in single-provider systems of care

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US System: Slipping through the cracks ?

- Public – Private
- Child – Adult
- Catchment Area

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Design of the STEP clinic: Outcome Assessment

- Will STEP improve clinical and functional outcomes?
- Feasible and cost-effective ?
- A viable platform for developing and delivering evidence-based practices?

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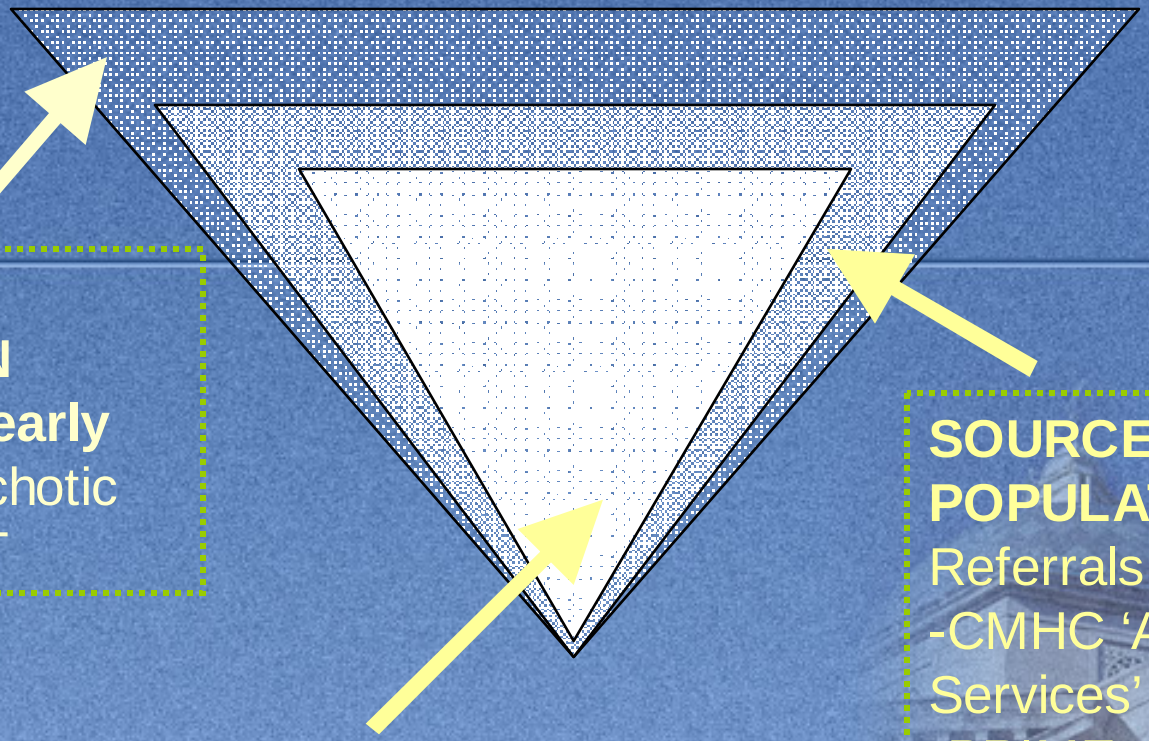

REFERENCE POPULATION
Individuals in **early** stages of psychotic illnesses in CT

SOURCE POPULATION
Referrals from ~
-CMHC 'Acute Services'
-PRIME clinic
-Private Hospitals and ERs
-Area Clinics
-Schools, colleges

STUDY POPULATION
- 16-45 yo
- <u>≤8 wks lifetime antipsychotic Rx</u>
- DSM-IV psychotic d/o (including affective psychosis)
- Exclusion: sub-induced psychotic d/o
- Exclusion: moderate/severe MR

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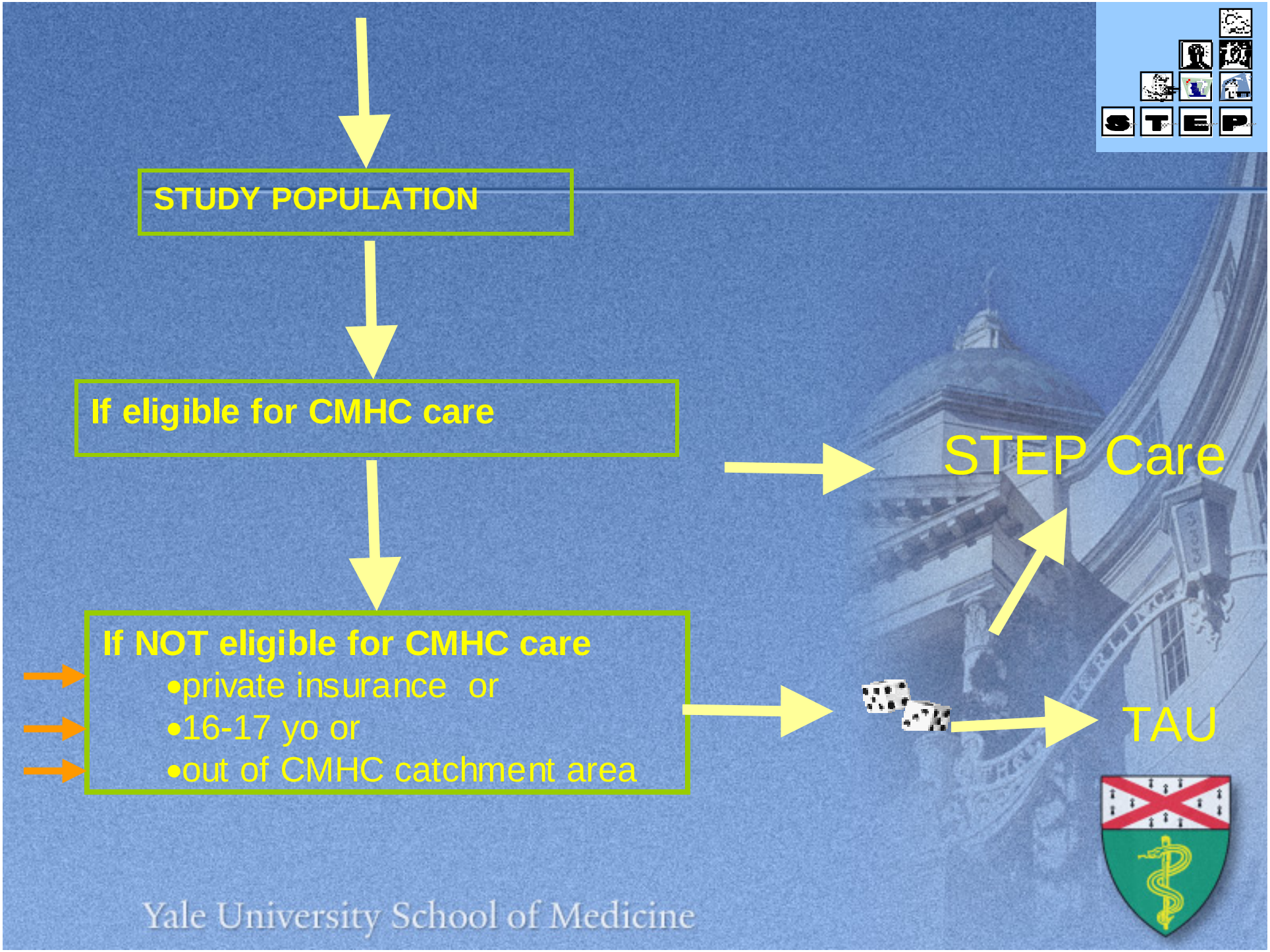

Outcomes of Interest

- **General:** re-hospitalization (primary); relapse; GAF; QOL; satisfaction with care
- **Mental State:** positive / negative, cognitive symptoms; mood; suicidal ideation
- **Behavior:** substance use disorders, violence (self/others), adherence
- **Functioning:** social, vocational
- **Adverse Effects:** **metabolic burden**, other drug s/e
- **Economic:** cost of care

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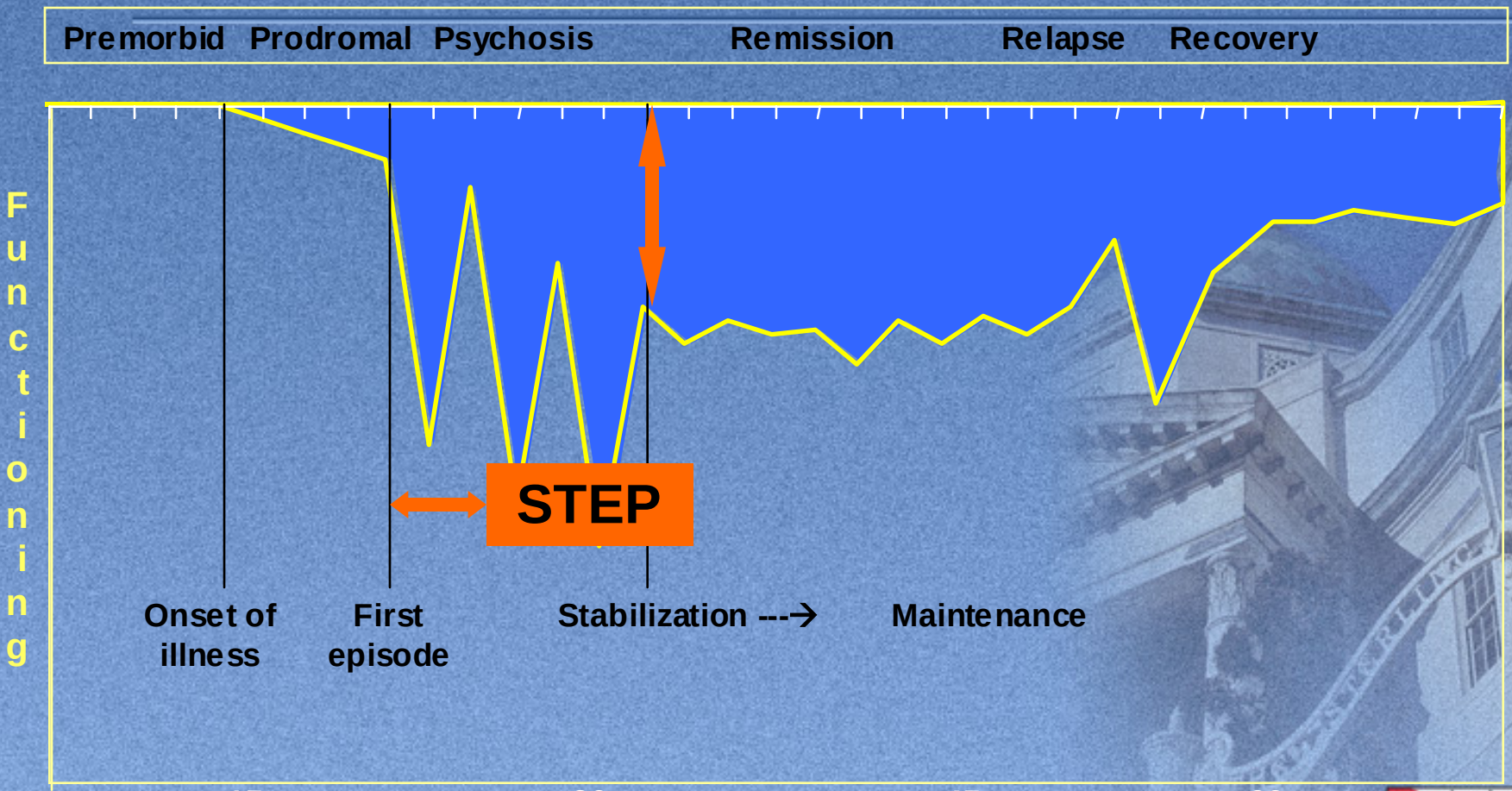
Stages of Schizophrenia



Design of the STEP clinic: Philosophy

- Pluralistic: multi-disciplinary rounds
- Values driven but evidence-based: e.g.

  MFG adapted for STEP families with independent outcome assessment
- Recovery focus
- Proactive anti-gatekeeper stance

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STEP Treatment

- Begin working w/primary clinician
  - LCSW, Psych, Resident assigned
  - Identify client goals
  - ENGAGEMENT!
- Ongoing Eval and med mgmt w/psychiatrist
- Cognitive Behavioral Group
- Multifamily Group Psychoeducation
  - Client identifies family members or other supports
- Cognitive Remediation is offered

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The STEP experience: what we have learned so far

A. High level of interest /demand for services

'Early Psychosis' referrals: 138

STEP Eligible: 64

Entered into STEP: 30

Lost to follow-up: 5 clinical d/c
8 research attrition

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The STEP experience

B. A diverse population

Demographics	All STEP participants
Age (mean)	22.53 (4.52)
Gender (% male)	86.67%
Race/Ethnicity:	
White	26.67%
Black	53.33%
Latino/a	16.67%
Multi-racial	<1.00%
Immigrant	26.67%

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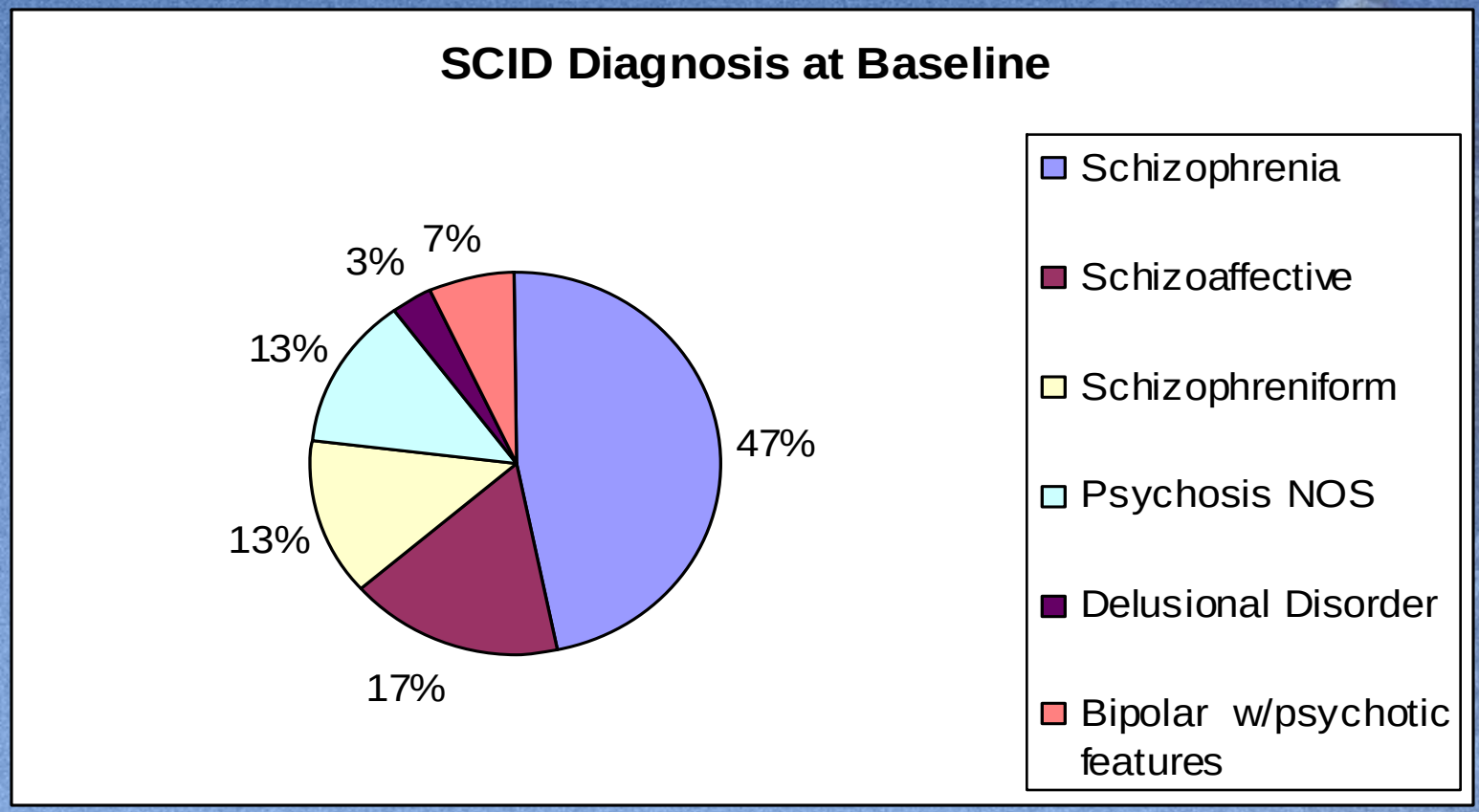
III. The STEP experience

C. High level of clinical distress at entry



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The STEP experience

C. High level of clinical distress at entry

- Co-morbid Sub Use Disorders: 20%
- Previously hospitalized: 73%
- Previous suicide attempt(s): 20%
- Unemployed: 80%
- Median DUP: 10.5 months
- Mean DUP: 29.12 (51.33) months

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The STEP experience

D. Preliminary outcomes are encouraging

Variable	Baseline	6 months
% Employed	45.45%	72.73%
Housing	Living at home 90.9% DCF shelter 9.1%	unchanged
Past 6 mo Psych Hospitalization	60%	0%
Positive Sx	21.36 (3.50)	17.55 (3.83)**
Negative Sx	20.90 (4.15)	17.20 (0.85)*
Suicidality	0.64 (1.03)	.27 (0.47)

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*p<.05, **p<.01

Lessons Learned

- Overwhelming majority want to work/go to school
  - *Very* important engagement tool
  - Recovery specialist pilot
- Randomized out folks falling off map?
- More social/recreational outlets needed
- Families needed longer individual engagement than traditional MFG
  - Become essential to treatment

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How to refer

- Get verbal permission from client
- Call Project Director at (203) 974-7495
- Or call PRIME line at 1 866 AT PRIME

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STEP Key Personnel

Jessica Pollard, PhD - (Previous) Project Director and Family Psychoeducation Coordinator

Nick Breitborde, PhD– (Current) Project Director and Family Psychoeducation Coordinator

Vinod Srihari, MD – Staff Psychiatrist and STEP Director

Leslie Hyman, LCSW - Psychosis Team Leader & CBT Group Leader

Joanne Cobb, LCSW & Stacey Cartier, LCSW, MPH - Primary Clinicians

John Saksa, PsyD - CBT Group Facilitators

Barbara Walsh, MFT, PhD - Outcome assessment

Cenk Tek, MD – Staff Psychiatrist and Psychosis Program Director

Scott Woods, MD – Director PRIME and project advisor

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Collaborators

Linda Frisman, PhD – Cost-effectiveness analysis

Cyril D. D'Souza, MD – Director YALE Schizophrenia Research Clinic, MFG

Daniel Mathalon, MD, PhD – MRI scanning

Keith Hawkins, Psy.D. - Neuropsychology

Thomas McGlashan, MD – Co-Director PRIME, Advisor

Larry Davidson, PhD – Advisor

And me!

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How do I learn more?

- **www.STEPtreatment.com**

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